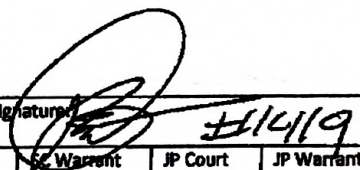


ARREST BOOKING SHEET/PART A/PROBABLE CAUSE STATEMENT														
Last Name		First		Middle		Suffix		Alias, Scars		Marks		Booking Number		
Turner		Michael												
Address		City		State/Zip		Origin		Sex		Hgt.		Wgt.		
217 N. 1st St.		Sierra Vista		Az. 85635		W		M		6-04		200		
Age		Date of Birth		Place of Birth		Citizen		Social Security Number		Employer		Occupation		
30		3-21-88				Y		601-98-0051		None				
Emergency Name and Number and Relationship to Person								Address						
F.B.I. Number								State ID Number				Driver's License No. and State		
												D03396154 Az.		
Arresting Agency				Arrest Date		Arrest Time		DR Number		Location of Arrest				
CCSO				12-5-18		2033		18-42230		217 N. 1st St.				
Arresting Officer's Name and Number						Transporting Officer				Location of Occurrence				
Det. R. Olmstead 1419						Dep. Gilbert				SAA				
1. Did defendant attempt to avoid or resist arrest?			2. Was defendant armed at time of offense?			3. Was anyone injured or threatened with person injury by defendant during the course of the offense?			4. Was defendant armed at time of arrest?			5. Has defendant admitted involvement in the offense?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6. Has defendant made any threats against potential witnesses?			7. Is defendant considered a flight risk?			8. Was evidence of the offense found in defendant's possession?			9. Does the State oppose an unsecured release at this time?			10. Defendant is pursuant to		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Summons		
11. Was Property Taken or Destroyed?			12. Is there any indication defendant is			13. List any other charges outstanding against the defendant.								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Value? _____			<input type="checkbox"/> an alcoholic <input type="checkbox"/> an addict											
Has it been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> mentally disturbed											
Is this being submitted as a 48-hour complaint?						Explain YES answers to questions 1 - 13								
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
IF SHOPLIFTING - ITEM TAKEN:														
OFFICER'S STATEMENT OF PROBABLE CAUSE:														
To: JUDGE Dickerson COURT: 5 (INCLUDING ALL ELEMENTS OF WHO/WHAT/WHEN/WHERE/HOW)														
"See attached"														
Print Officer Name and Badge # Det. R. Olmstead 1419								Officer's signature 						
JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	
5				5										
Charge Description			Cnts	Charge Description			Cnts	Charge Description			Cnts			
Poss. of Marijuana			1	Poss. of Drug Para.			6							
Violation of Code/Sec: A.R.S.			Compl No.	Violation of Code/Sec: A.R.S.			Compl No.	Violation of Code/Sec: A.R.S.			Compl No.			
13-3405A1				13-3415A										
Why released & Receipt			Released by:			Why released & Receipt			Released by:					
Date Released			F	M	Narc/Drug	Date Released			F	M	Narc/Drug			
<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Date Booked			Time	Day	Badge #	Booking Officer			Hold					
DR No:			DR No:											
Vehicle Color			Year	Make and Model			License No.			State			Disposition of vehicle:	

COCHISE COUNTY
SHERIFF'S OFFICE
OFFICIAL COPY

65

JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant
Charge Description Poss. of Marijuana			Cnts 1	Charge Description Conspiracy/Sale Dang Drug			Cnts 1	Charge Description Use of a Building to Sell Drug			Cnts 1
Violation of Code/Sec: A.R.S. 13-3405A1			Compl No.	Violation of Code/Sec: A.R.S. 13-1003/13-3407A2			Compl No.	Violation of Code/Sec: A.R.S. 13-3421A			Compl No.
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:	
Date Released	F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input checked="" type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date Booked	Time	Day	Badge #	Booking Officer		Hold		Booking Officer Signature			
DR No:				DR No:				DR No:			

JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant
Charge Description			Cnts	Charge Description			Cnts	Charge Description			Cnts
Violation of Code/Sec: A.R.S.			Compl No.	Violation of Code/Sec: A.R.S.			Compl No.	Violation of Code/Sec: A.R.S.			Compl No.
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:	
Date Released	F <input type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Released	F <input type="checkbox"/> M <input type="checkbox"/>	Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Booked	Time	Day	Badge #	Booking Officer		Hold		Booking Officer Signature			
DR No:				DR No:				DR No:			

COCHISE COUNTY
SHERIFF'S OFFICE
OFFICIAL COPY

66